

Rapid Response
Division of Workforce Services
Dislocated Worker Survey

The goal of this presentation was to provide information helpful to you during your transition in employment. This survey is designed to help us improve services and programs for dislocated workers. We want your ideas about what we did well and how we can improve. Your responses are completely anonymous. Please answer each question by marking the response closest to your own opinion.

1. How well did presenters seem to understand your situation?

1	2	3	4	5
Understood not at all well	Understood somewhat well	Understood moderately well	Understood extremely well	Don't know

2. How many of your questions about services were answered during the presentation today?

1	2	3	4
Not nearly enough	Nearly enough	Just about enough	More than enough

3. If you have re-employment questions, do you know where to go for assistance?

1	2	3	4
Not familiar	Somewhat familiar	Moderately familiar	Yes familiar

4. How helpful do you consider the information and material presented to you?

1	2	3	4	5
Not at all helpful	Somewhat helpful	Moderately helpful	Extremely helpful	Don't know

5. How well do you understand the services available to you after hearing the presentations?

1	2	3	4
Not at all well	Somewhat well	Moderately well	Extremely well

6. After attending the meeting, how did you feel about the circumstances you will face once you are laid off?

1	2	3	4
Much less anxious	A little less anxious	Somewhat less anxious	Just as anxious as I did before

7. Of the services presented today, which of the following services would you be likely to use or access at your area one-stop career center: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Job seeking assistance / Unemployment Insurance Benefits | <input type="checkbox"/> Dislocated Worker Program Information |
| <input type="checkbox"/> If eligible, individualized career planning | <input type="checkbox"/> Access to job openings on the Internet |
| <input type="checkbox"/> Help in identifying career interests | <input type="checkbox"/> If eligible, access to interest/aptitude assessments |
| <input type="checkbox"/> Resume writing assistance | <input type="checkbox"/> If eligible, training in high demand occupations |
| <input type="checkbox"/> G.E.D. information or other adult education | <input type="checkbox"/> If needed, vocational rehabilitation services |
| <input type="checkbox"/> Services of your local health department | <input type="checkbox"/> Information on Pension & Health Benefits provided by U.S. Department of Labor (EBSA) |



(Over)

8. Using the scale below, what is your overall satisfaction with the meeting and information provided to you today? (Circle one number below)

Very dissatisfied										Very satisfied	Didn't receive any service
1	2	3	4	5	6	7	8	9	10		90

9. Considering all of the expectations you may have had about the meeting and information, to what extent have they met your expectations? (Circle one number below)

Falls short of expectations										Exceeds expectations	Didn't receive any service
1	2	3	4	5	6	7	8	9	10		90

10. Now think of the ideal informational meeting for people in your circumstances. How well do you think this meeting compares with the ideal meeting? (Circle one number below)

Not very close to the ideal										Very close to the ideal	Didn't receive any service
1	2	3	4	5	6	7	8	9	10		90

Please take the time to answer these statistical questions. Your answers will assist us in improving the services to dislocated workers.

11. Age : _____ years

12. Gender: ☐₁ Male ☐₂ Female

13. Please check your highest level of education completed. (Check one)

- | | |
|---|---|
| <input type="checkbox"/> ₁ Less than high school diploma or G.E.D. | <input type="checkbox"/> ₅ Bachelor's degree |
| <input type="checkbox"/> ₂ High school diploma or G.E.D. | <input type="checkbox"/> ₆ Some graduate studies |
| <input type="checkbox"/> ₃ Some college or vocational training | <input type="checkbox"/> ₇ Graduate degree |
| <input type="checkbox"/> ₄ Associate's degree | |

14. What is your current (or most recent) job title? _____

15. How many years/months of experience do you have in your most recent job title? _____ years and _____ months

16. How many years/months of experience do you have in this industry? _____ years and _____ months

17. Are you planning to retire (leave the workforce) as a result of this layoff?

☐₁ Yes ☐₂ No

18. Would you recommend informational meetings of this kind to other employees who might one day have similar needs?
(Circle one number below)

Definitely no										Definitely yes	Didn't receive
1	2	3	4	5	6	7	8	9	10		90

19. In the blank lines below, please tell us if presenters left out any subjects that they should have covered and any other comments or suggestions you may have for improving our services. _____

Thank you for taking part in the meeting and giving us your feedback.